

TOWNSHIP OF LAWRENCE
Zoning Office
PO Box 6006
Lawrence Township, NJ 08648

Business Occupancy Application – Fee: \$50.00*
***The required fee must be submitted with the application.**

NOTE: N.J.S.A. 2C:21-3(b) PROVIDES THAT ANYONE OFFERING A FALSE STATEMENT MAY BE PUNISHABLE BY THE LAWS OF THE STATE.

In accordance with §1203.A.8 of the Lawrence Township Land Use Ordinance, I, the undersigned, hereby make application for a Business Occupancy permit to operate the identified business at the location described. I declare that the information given is true to the best of my knowledge and belief, and that I have the permission of the property owner or his agent to use the property for said purpose. A copy of the owner's written permission will be provided to the Township upon request. I agree not to alter the business operation in any way without first submitting to the Township a revised Application for Business Occupancy. I understand that such alteration could result in the revocation of the permit. Permittee grants to the Township of Lawrence, in accordance with its rights as lessee and/or property owner, the right to enter upon the real property for purposes of inspection.

APPLICANT NAME: _____

SIGNATURE: _____ DATE: _____

TITLE: _____

PHONE #: _____ E-mail: _____

1. _____
NAME OF BUSINESS

2. _____
ADDRESS OF BUSINESS

_____ BLOCK(S) _____ LOT(S)

3. _____
DESCRIPTION OF BUSINESS (office, retail, etc.) – ATTACH ADDITIONAL INFORMATION IF NEEDED OR REQUESTED

4. _____
PREVIOUS USE OF SPACE

5. _____
SQUARE FOOTAGE ALLOCATED TO BUSINESS

6. _____
PARKING SPACES ALLOCATED TO BUSINESS

DO NOT WRITE BELOW THIS LINE – TO BE COMPLETED BY ZONING OFFICER

ZONING DISTRICT OF PARCEL: _____

PERMITTED USE: _____ YES _____ NO

APPROVED FOR OCCUPANCY: _____ YES _____ NO

CHANGE IN USE: _____ YES _____ NO

CONDITION(S): _____

REASON(S) FOR DENIAL: _____

Zoning Officer

Date